## **DECLARATION AND POWER OF ATTORNEY**

**NOBS-102** 

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## INPUT MECHANISM FOR FINGERPRINT-BASED INTERNET SEARCH

	INPULIVI	CHAMSIM F	OK FINGERI	KIN I -DA	ASED INTERNE	I SEARCI	.1	
the specification	of which				•			
(check one)	heck one) [X] is attached hereto [ ] was filed on as Application Serial No: and was amended on (if applicable)							
I hereby state that referred to above		nd understand the co	ntents of the above i	dentified spec	cification, including the	claims, as amen	ded by any amendment	
I acknowledge th Regulations, §1.5		formation which is	material to the exam	ination of this	s application in accorda	nce with Title 3	7, Code of Federal	
I hereby claim fo	reign priority benef	its under Title 35. U	nited States Code. §	119 (a) - (d) c	of any foreign application	on(s) for patent of	or inventor's certificate	
-	have also identified is claimed:				s certificate having a fili		hat of the application	
(NUMBER)		(COUN	TRY)	(DAY/MON	TH/YEAR FILED)	YES N		
I hereby claim the	e benefit under 35 L	J.S.C. §119(e) of Ur	nited States applicati	on(s) listed be	elow:			
N/A	o continuation of c		N/A	0(5)				
	APPLICATION NO.)	(FILING						
Lhereby claim th	at the benefit under	Title 35 United Sta	tes Code §120 of ar	v United Stat	tes application(s) or PC	Γ International a	innlication(s)	
-				-	each of the claims of th			
					Inited States Code, §112			
-		-			ame available between	_		
		filing date of this a	_			•		
(APPLICATION	SERIAL NO.)	(FILINC	DATE)	(STATUS) (	PATENTED, PENDING,	ABANDONED)		
If more space is needed for any of the above categories, please continue on an additional form and SIGN.								
			Y OR AGENT(S) WI' E CONNECTED THE		VER OF SUBSTITUTION	TO PROSECUTI	ETHIS APPLICATION	
Name	Reg. No.	Name	Reg. No.		Name	Reg. No.		
Robert K. Tend								
SEND CORRESPO		HONE NO.	STREET		CITY & STATE	ZIP C	ODE	
Robert K. Tend		7) 723-7268	65 Atlantic Aver		Boston, MA		110	
I hereby declare t	hat all statements m	ade herein of my ov	vn knowledge are tro	ie and that all	statements made on in	formation and be	elief are believed to be	
true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the								
			the United States C	ode and that s	such willful false statem	ents may jeopar	dize the validity of the	
application or any	patent issued there	con-						
Full name of solo	or first inventor	Patrick Y. Delefev	re .		<del></del>			
	( / -	TARICK T. Deletev	-		Du		<del></del>	
Inventor's Signature. Date:								
Residence MASS ACHUSÉTIS - LEA Country of Citizenship: United States								
Mailing Address:	190 Mt. Ad	BURN STR.	APT. 2-2 C	UATERTO	wn MA 024	72	<u></u>	
<del></del>								